

Benzie Project Response

TAX ID #:

Other Address:

Property Address:

Street

Town, State, ZIP

Owners Name:

Other Name on property:

email:

Year Round ___ Seasonal ___ What months _____

	0-3 yrs	3-9	9-15	other
How old is the house/ building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long have you lived here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the Lot size	Length _	Width _	Acres _	
How would you characterize the Lot/s	Flat <input type="checkbox"/>	Sloping <input type="checkbox"/>	Steep Sloping <input type="checkbox"/>	
	1	2	3	5 or more
How many bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	length	width	sq ft.	unknown
Total sq. footage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	partial	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	yes	no	sump pump	
Do you have a basement toilet/laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	yes	no		
Do you have a garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>		
	yes	no		
Do you have a hot tub /jetted spa. Does it empty to your septic?	<input type="checkbox"/>	<input type="checkbox"/>		

Notes:

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What is the age of your drinking well if known	3-5 <input type="checkbox"/>	5-10 <input type="checkbox"/>	10-15 <input type="checkbox"/>	unknown <input type="checkbox"/>
How deep is your drinking well if known	30-50 <input type="checkbox"/>	50-100 <input type="checkbox"/>	100-150 <input type="checkbox"/>	unknown <input type="checkbox"/>
How often do you test your drinking well	every year <input type="checkbox"/>	2-3 <input type="checkbox"/>	never <input type="checkbox"/>	unknown <input type="checkbox"/>
How would you characterize your water usage?				
Do you have a meter?	3-5 <input type="checkbox"/>	5-10 <input type="checkbox"/>	10-15 <input type="checkbox"/>	unknown <input type="checkbox"/>
What is the age of your septic system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know its location and size?				
Have you had any recent upgrades or repairs	Yes/when _		No _	
Have you ever experienced wetness on your property that lasts more than a few days	Yes/when _		No _	
Are you part of a clustered system	Yes/where _	No _	Don't know -	
Are you anticipating any additional living space	Yes/where _	No _	Don't know -	
Do you give us permission to come to your property to do a brief survey	Yes/when _	No _	Don't know -	

Notes: